



C I T Y O F A T L A N T A

OFFICE OF CONTRACT COMPLIANCE
55 TRINITY AVENUE, SW, SUITE 1700
ATLANTA, GEORGIA, 30303
OFFICE (404) 330-6010

RE-CERTIFICATION

Dear EBO Re-Certification Applicant:

It is the responsibility of Certified M/FBEs to submit a RE-CERTIFICATION AFFIDAVIT no later than two (2) months prior to the expiration date of your previous certification.

If you wish to be re-certified, please complete the attached EBO Re-Certification Affidavit. Your signature must be notarized on the last page of the affidavit and returned to the Office of Contract Compliance along with **a copy of your current business license and list of current projects and equipment. If you've not done so previously, please provide us with your City of Atlanta vendor number.** Be advised that other documents may be requested in order to complete the processing of your re-certification affidavit.

Completed applications may be mailed or presented to the office; NO faxed copies will be accepted.

Submit To:

City of Atlanta
Mayor's Office of Contract Compliance
55 Trinity Avenue, SW
Suite 1700
Atlanta, GA 30303

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

DOCUMENTS TO BE SUBMITTED CHECKLIST:

Required Documents for All Applicants:

- _____ 1. **Vendor Number***
- _____ 2. Last two (2) years annual revenue
- _____ 3. Copy of current Business License which shows that company is located in one of the following 20 counties:
Barrow, Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton,
Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton
- _____ 4. Notarized application
- _____ 5. List of current contracts
- _____ 6. Copy of current office lease

***Applications will not be processed without this information**

**EQUAL BUSINESS OPPORTUNITY (EBO)
RE-CERTIFICATION AFFIDAVIT**

Name of Business Enterprise

Address

City, County, State, Zip Code

Principal Place of Business at time of Previous Certification

Tax ID#

Email Address

Project Pending: _____yes _____no

Name of Project: _____

FC# _____ Bid Date _____

Controlling Owner's Ethnicity is:

_____ African American Business Enterprise
_____ Female Business Enterprise

_____ Hispanic American Business Enterprise
_____ Asian (Pacific Islander) American
Business Enterprise

The Legal Form of Business is:

_____ Corporation
_____ Limited Partnership
_____ Limited Liability Company

_____ Partnership
_____ Sole Proprietor

Select from the NAICS codes list included in this packet, up to three (3) specific areas under which your business should be listed in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY REGISTER:

In an effort to become certified for participation in the City of Atlanta's
EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the
following information as evidence of its qualifications:

1.

The name of the principal, owner, partner, or corporate officer or manager (in the case of an LLC) is:

Title: _____ Office # _____

Pager: (_____) _____ Mobile #: (_____) _____

Email Address: _____

Is the principal owner a citizen of the United States? _____ Yes _____ No

If NO, is the principal owner a lawful permanent resident of the United States?
_____ Yes _____ No

2.

The Mailing Address of the Enterprise: _____

City: _____ County: _____ State: _____ Zip: _____

Principal Place of Business of the Enterprise: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax(_____) _____

3.

List the first year and most recent year this enterprise was certified by the City of Atlanta:

First year _____ Most recent period of certification _____ EBO Cert.# _____

4.

Has this business enterprise been certified by other M/FBE Programs?

_____ Yes _____ No

If YES, attach documentation

5.

Has this business enterprise been denied certification by other M/FBE Programs?

_____ Yes _____ No

If YES, attach documentation

6.

Has there been any change in the ownership of this business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. _____

7.

Has there been any change in the management of this business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, describe changes in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. _____

8.

Has there been any change in the type of business being conducted by the business enterprise since its most recent City of Atlanta EBO Certification? _____Yes _____No

If YES, list capabilities in detail. The explanation may be completed on additional sheets of paper, if necessary. Attach all documentation which supports the changes. _____

9.

The name(s) and capacity of those persons authorized to sign checks from the main (operating) checking account are as follows:

Name	Capacity	Name of other Joint Signatories required

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of

Name of Business Enterprise

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s); audit(s); and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being given under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 17-11012 of the City of Atlanta's Criminal code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contract which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS CONTRACT EMPLOYMENT REPORT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE UNDERSIGNED ON BEHALF OF

(Name of Enterprise)

The undersigned further acknowledges that certification is normally reviewed every two years; however, OCC retains the right to re-evaluate the contents of this application at any time.

Name of Person Signing: (Print)_____

Title of Person Signing: (Print)_____

Signature:_____
(Must match name of person signing)

Notary Public (Must exhibit seal and stamp to be acceptable)

Dear Prospective Minority, Female Business Enterprise Applicant:

This page is to help you properly identify NAICS Codes for your industry for EBO Certification.

Our list of NAICS Codes is located on the City of Atlanta website at www.atlantaga.gov. From the home page, roll the cursor over the “**Doing Business**” link, then select “**Suppliers**”. Once there, click the link “**Office of Contract Compliance**” and navigate to the OCC webpage. Next, scroll down to **NAICS Look up Tool** and click the link, taking you to the NAICS search tab. Enter the keyword or description for your industry in the search field and click “**Submit**”. Scroll down the page to view the results.

If you have any questions, please contact the Office of Contract Compliance at (404) 330-6010.

Please list up to three (3) NAICS Codes below:

CITY OF ATLANTA
Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITEM ON THIS FORM MUST BE COMPLETED.
INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME OF FIRM: _____ **TELEPHONE NO.:** _____

NAME OF OWNER: _____ **FAX NO.:** _____

MAILING ADDRESS: _____ **CITY:** _____

STATE: _____ **COUNTY:** _____ **ZIP CODE:** _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA?

IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY?

IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION.

HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICATION FROM THE CITY OF ATLANTA?

PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY

	Management/ Officials		Professionals Arch, Engineers, etc		Supervisors		Office/Clerical/Sales		Craftsmen/ Laborers	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Black										
White										
Asian American										
Hispanic American										
Other										
TOTAL										

I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

DATE

PRINT PREPARER'S NAME

PREPARER'S SIGNATURE

TITLE